

EMPLOYEE NAME (PRINT): **JOHN D GILBERT**EMPLOYEE NUMBER: **6804**WEEK ENDING **3/25/01**TOTAL DAYS **7**CRAFT: **SAFETY SPECIALIST**JOB #: **2626** LOCATION: **KUPARUK**

DATE	DAYS	CHARGE NUMBERS		Days Worked	Location	Work Description	EQUIP #	EQUIP Hours
		APPR #	FWR #					
19-Mar	1		K84972	23STAFL8VL	1	SAFETY SPECIALIST		
20-Mar	1			1		SAFETY SPECIALIST		
21-Mar	1			1		SAFETY SPECIALIST		
22-Mar	1			1		SAFETY SPECIALIST		
23-Mar	1			1		SAFETY SPECIALIST		
24-Mar	1			1		SAFETY SPECIALIST		
25-Mar	1			1		SAFETY SPECIALIST		
TOTALS	7							

EMPLOYEE SIGNATURE

SUPERVISOR APPROVAL

Total



NATCHIQ, INC.

Employee Information Record

Oracle Employee ID #: 748C

COMPANY
PC PHILLIPS
OPERATIONS
DEPARTMENT

- | | | | | |
|---|------------------------------------|---|---|----------------------------------|
| <input checked="" type="checkbox"/> APC | <input type="checkbox"/> APEL | <input type="checkbox"/> HCC | <input type="checkbox"/> HCC/NANA | <input type="checkbox"/> NATCHIQ |
| <input type="checkbox"/> APC/WOOD | <input type="checkbox"/> GLOBAL PC | | | <input type="checkbox"/> OMEGA |
| <input type="checkbox"/> New Hire | <input type="checkbox"/> Rehire | <input type="checkbox"/> Return From Leave of Absence | <input checked="" type="checkbox"/> Information Change Only | <i>Rate change</i> |
| <input type="checkbox"/> Transfer | From:
<i>John D</i> | To: | Supervisor's Release: _____ | |

PERSONAL INFORMATION

(USE BLACK PEN PLEASE)

Kuparuk Emp No. 6804

Last Name <u>GILBERT</u>	First Name <u>John</u>	MI <u>D</u>	<input checked="" type="checkbox"/> Male	Social Security # <u>526-77-3420</u>	Date of Birth <u>12/7/63</u>
Mailing Address		City	State		Zip
Physical Address		City	State		Zip
Telephone	Emergency Contact (Name)		Emergency Telephone		

ASRC Shareholder? Yes No Is Spouse an ASRC Shareholder? Yes No

Name of Spouse: _____

Previously Employed by ASRC or a Subsidiary? Yes No Company: _____
Original Employment Date: _____ Separation Date: _____ Previous Supervisor: _____

EMPLOYMENT INFORMATION

(OFFICE USE ONLY)

JVA NO.

Organization: **APC PHILLIPS OPERATIONS DEPT**Job Code: 00000.CERT. STAFFSAFETY SPECIALIST LLocation: **KUPARUK**

Full-time -- Regular
 Full-time -- Temporary

PT Reg<19 hours
 PT Reg>20 hours

PT Reg>30 hours
 Part-time -- Temporary

Exempt Non-Exempt

Effective Date: 6/18/01Title: Safety SpecialistRate of Pay \$ 425

Hourly Day Rate Salary

Standard Work Week Hours: 40Workers' Compensation Code: 005006Project No. 2425 ACES Code: 107751

SIGNATURES

By signing below, the employee acknowledges they have read, understand and agree to the above information. A copy of this form will be provided to the employee. Natchiq offers Automatic Payroll Deposit to all employees. If an employee waives Automatic Payroll Deposit, the employee's payroll check will be forwarded to their respective work site each Friday.

Employee Signature: John GilbertDate Signed: 6/15/01

Witness Signature: _____

Date Signed: _____

Immediate Supervisor: Scott McLeanDate Signed: 6/15/01Department Manager: John DDate Signed: 6/15/01